

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023667

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 156Primary Registration District No. 2001Registrar's No. 308

STATE FILE NUMBER

FILED JUN 19 1962

| | | | |
|--|---|--|------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joplin</u> | | c. CITY OR TOWN <u>Joplin</u> | |
| Length of stay in 1b <u>4 Years</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Freeman Hospital</u> | | d. STREET ADDRESS (If outside, give location) <u>202 North Harlem</u> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Vansile D. Raney</u> | | 4. DATE OF DEATH Month Day Year <u>June 12 1962</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>11/9/06</u> |
| 9. AGE (last birthday) <u>55</u> | | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Transportation</u> | |
| 11. BIRTHPLACE (City and state or country) <u>Derryville, Ark</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>W.T. Raney</u> | | 13b. MOTHER'S MAIDEN NAME <u>Rosa</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>TH Zelma Raney</u> | | Address <u>202 N. Harlem, Joplin</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War 2</u> | | 16. SOCIAL SECURITY NO. <u>[REDACTED]</u> | |
| 17. INFORMANT <u>Zelma Raney</u> | | Address <u>202 N. Harlem, Joplin</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute pulmonary embolism</u> DUE TO (b) <u>Myocardial infarction</u> DUE TO (c) <u>Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH <u>45 min.</u> <u>14 days</u> <u>14 days</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>in surgery for multiple embolectomy of left iliac & femoral arteries.</u> | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>femoral arteries.</u> | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | | |
| 21. I attended the deceased from <u>6-8-62</u> to <u>6-12-62</u> and last saw him alive on <u>6-12-62</u> Death occurred at <u>12:20 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) <u>B. E. D. Tar, Jr. M.D.</u> ADDRESS <u>DeTar Clinic 410 Jackson, Joplin, Mo.</u> | |
| 22b. DATE <u>6-15-1962</u> | | 22c. DATE SIGNED <u>6-13-62</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>6-15-1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Benjamin Cemetery</u> | |
| 23d. LOCATION (City, town, or county) <u>Amoret, Missouri</u> | | 23e. DATE RECD. BY LOCAL REG. <u>6-15-1962</u> | |
| 24. FUNERAL DIRECTOR <u>Hurlbut-Glover Mortuary, Joplin, Mo.</u> | | 25. REGISTRAR'S SIGNATURE <u>Dove Merriam</u> | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
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1240-0132-0

JUN 21 1962

FEB 1 1963
JUN 25 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George L. Mux

Licensed Embalmer No. 5175

P. O. Address 731 Wall Japhin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.